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7	UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON	
8	AT SEATTLE	
9	STATE OF WASHINGTON, et al.,	NO.
10	Plaintiffs,	DECLARATION OF K.B.
11	V.	
12	DONALD J. TRUMP, in his official capacity as President of the United States of America, et al.,	
13	America, et al.,	
14	Defendants.	
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I, K.B., declare as follows:

- 1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.
 - 2. I live in Federal Way, Washington with my child. I am employed as a teacher.
- 3. My child is transgender. I have chosen to refer to them in this declaration as "Child A" because I am fearful for their and our family's safety and privacy in the current political climate. Child A is currently 10 years old and is in the 4th grade. When they were born, they were designated male on their birth certificate, but their gender identity is nonbinary.
- 4. When they were seven years old, Child A began talking about a desire to physically harm themselves. This was a very difficult conversation to have with a child, but they insisted they didn't fit in, didn't feel right in their body, didn't know what was wrong with them, and didn't want to exist.
- 5. We belong to a very inclusive church, where I learned that my child may be struggling with their gender identity. I asked Child A whether they felt like a girl or a boy, and they responded that they sometimes felt like a boy, sometimes like a girl, and sometimes neither. Through my research and conversations with friends, I was able to provide Child A with language around pronouns. I found out that Child A had already been using they/them pronouns while at school and they expressed this was how they felt most comfortable.
- 6. While addressing pronouns was a small step, Child A began expressing concerns about puberty and their body changing. I began to do research about gender identity by speaking to family friends at our church, who had their own transgender children and had been through gender affirming care. In 2023, our family physician referred us to Seattle Children's Gender Clinic, who told me in a phone call that my child was not at the appropriate developmental stage to pursue puberty blockers for gender affirming care. We were not walked through the process at all, but told to come back when Child A was older.

- 7. Through my network of family friends, I found a reputable psychiatric nurse practitioner and family therapist to help Child A with the anxiety developed after being bullied at school, including for issues surrounding gender identity. Child A has not received any medication intervention, with the current focus primarily on Child A's mental health and wellbeing. Child A attends regular weekly sessions with our family therapist and meets with the psychiatric nurse practitioner quarterly. Therapy has helped Child A cope with difficult emotions and situations that arise.
- 8. Since receiving mental health assistance and preliminary gender affirming education from their team of medical providers, as well as being addressed by their chosen pronouns, there has been a positive impact on Child A's wellbeing. Their self-esteem, confidence, and general resilience have increased; they have a much more positive outlook about their future and school, and they are developing good self-advocacy skills.
- 9. If Child A were no longer able to access this care from our current providers, I fear they would attempt suicide. I am also fearful that it will affect Child A's access to important information about options that could be discussed with their health care providers to help them decide how they feel about, and whether they would like to, at some point in the future, pursue puberty blockers or transitioning. The impact on Child A would be devastating.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this	day of February 2025 at	, Washington.
	K.B.	
	Parent of Child A	

- 7. Through my network of family friends, I found a reputable psychiatric nurse practitioner and family therapist to help Child A with the anxiety developed after being bullied at school, including for issues surrounding gender identity. Child A has not received any medication intervention, with the current focus primarily on Child A's mental health and wellbeing. Child A attends regular weekly sessions with our family therapist and meets with the psychiatric nurse practitioner quarterly. Therapy has helped Child A cope with difficult emotions and situations that arise.
- 8. Since receiving mental health assistance and preliminary gender affirming education from their team of medical providers, as well as being addressed by their chosen pronouns, there has been a positive impact on Child A's wellbeing. Their self-esteem, confidence, and general resilience have increased; they have a much more positive outlook about their future and school, and they are developing good self-advocacy skills.
- 9. If Child A were no longer able to access this care from our current providers, I fear they would attempt suicide. I am also fearful that it will affect Child A's access to important information about options that could be discussed with their health care providers to help them decide how they feel about, and whether they would like to, at some point in the future, pursue puberty blockers or transitioning. The impact on Child A would be devastating.

I declare under penalty of perjury under the laws of the State of Washington and the United States of America that the foregoing is true and correct.

DATED this 3th day of February 2025 at ______, Washington.

K.B.

Parent of Child A